LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
Medicaid Pharmaceutical and Therapeutics Committee Meeting
628 North Fourth Street
Baton Rouge, LA
Bienville Building
Room #118
April 27, 2011

MINUTES

MEMBERS PRESENT:
Julio Figueroa, MD
John E. Firestone, Jr., MD
Mary Gauthier-Lewis, PharmD
Amy Givler, MD
Larry J. Hebert, MD
James E. Hussey, MD
Edward C. Mader, Jr, MD
Marty R.McKay, RPh
Paul Miller, MD
Melvin Murrill, MD
James Patterson, MD
Rep. Rogers Pope
Mohammad Suleman, MD
Julie Wilkinson, PharmD
Pamela Wiseman, MD
Neil Wolfson, MD
Lolie C. Yu, MD

MEMBERS ABSENT:
Damion Cummins, PhD
Conchetta Fulton, PharmD
Leonard Weather, Jr, MD
Rodney Wise, MD

DHH PHARMACY PROGRAM STAFF PRESENT:
M. J. Terrebonne, RPh Director
Rachel Broussard, RPh
Germaine Becks-Moody, PhD, BHSF Program Manager
Timothy Williams, BHSF Program Manager

OTHER DHH STAFF PRESENT:
Daniel L. Duhon, Attorney

CONTRACTORS PRESENT:
Chris Andrews, PharmD, Provider Synergies
Kris Rawlings, PharmD, Provider Synergies via telephone
Melissa Dear, PharmD, Northeast La University School of Pharmacy
Jennifer Pickett, Certified Court Reporter

OTHERS PRESENT:
Presenters are listed in the minutes, and sign in sheets of others in attendance are available from DHH, Bureau of Health Services Financing, Pharmacy Benefits Section upon request.

Call to Order:
Dr. Larry Hebert, Chairman, called the meeting to order at 9:01 a.m.

Parliamentary Business:

A. **Introduction of Members and DHH Staff and Roll Call.** Committee members introduced themselves and participated in roll call. Dr. Hebert introduced Mr. Don Gregory, Medicaid Program Director. Ms. M. J. Terrebonne introduced herself, Dr. Andrews with Provider Synergies and the DHH staff.

B. **Approval of Minutes.** Dr. Murrill offered a motion to approve the minutes of the August 11, 2010 meeting as submitted. Mr. McKay seconded the motion which passed.

P&T Committee Overview:

A. **Pharmaceutical and Therapeutics Committee Background.** Ms. M. J. Terrebonne, RPh, the DHH Medicaid Pharmacy Program Director, presented an overview of the Pharmaceutical and Therapeutics (P&T) Committee and the legislation that authorized the creation of a prior authorization (PA) drug program, a preferred drug list (PDL), supplemental rebates, and the P&T Committee. Her comments follow.

"Act 395 of the 2001 regular legislative session authorized the Department of Health and Hospitals to establish a drug list utilizing a prior approval process or any other processes or combination of processes that prove to be cost effective in the Medicaid program.

It also allowed DHH to enter into contractual arrangements to perform the prior authorization (PA) function. We have entered in contractual arrangements with the University of Louisiana at Monroe (ULM) to perform the PA function and also with Provider Synergies.

Provisions of the Act also required the creation of a Medicaid Pharmaceutical and Therapeutics (P&T) Committee. The Medicaid P&T Committee was established in August of 2001. It consists of 21 members appointed by the Governor. Their charge is to review clinical and cost data on various therapeutic classes of drugs. We currently meet biannually.

Act 124 of the 2002 special legislative session provides for the proprietary and confidentiality of rebate amounts, percent of rebate, manufacturers' pricing, and supplemental rebates.

On June 10, 2002, the Department implemented the preferred drug list (PDL) with prior authorization (PA) as well as a Supplemental Drug Rebate Program through a phased in approach.

With ULM, through the PA function, and Provider Synergies to negotiate the State supplemental rebates, the preferred drug list is updated biannually in January and July based on the Committee's recommendations.

Provider Synergies negotiates the State supplemental rebates with the drug manufacturers. They prepare therapeutic class reviews; they provide cost analysis information from the therapeutic classes; and they develop clinically sound and cost-effective recommendations to develop and manage the PDL.

As you can see from this slide, through the years the number of classes has grown. In 2011 we have seventy-four (74) therapeutic classes that are involved in the PDL.

This next slide just gives an overview of over the past fiscal years, the number of prescriptions, the number of recipients, the total expenditures, the federal rebate amount, the state supplemental rebate amount and the net expenditures for the pharmacy program. You can see over the last three or four years that the net has grown very minimally."

B. **Travel Regulations.** Ms. Terrebonne told the Committee members the Travel Regulations Guide was sent to them prior to the meeting. She requested they contact Dr. Germaine Becks-Moody, her staff member, if they needed their parking tickets validated or if they had any travel regulations' questions.

C. **P&T Bylaws.** DHH Staff Attorney, Mr. Daniel Duhon, presented the Committee's Bylaws that were in the packets previously sent to the members.

He told the Committee that it serves at the pleasure of the Governor, and the members may not entertain individuals lobbying or marketing or partake of any other activities that would call into question their impartiality when they vote on drugs recommended for the preferred drug list.

The chairman and vice chairman are elected by the members of the Committee. The Committee shall meet quarterly or as prescribed by the chairman. Regular meetings are held on the first Wednesday of the month or on the next available Wednesday.

He said the Committee is governed by Robert's Rules of Order and must provide an opportunity for public comment, subject to reasonable rules that are adopted by the Committee. The Committee cannot take up an item that is not on the agenda, unless there's unanimous approval of all the members present at the meeting. Prior to any vote on the motion to take up a new agenda item, there shall be an opportunity for public comment.

The Bylaws can be amended by the majority of the members, and a copy of any new proposed Bylaws must be provided at least two weeks before anyone votes on them.

A quorum of this Committee is established by the presence of the majority, and five have to be physicians and one has to be a pharmacist. If there is no quorum, the meeting must be cancelled and rescheduled at the earliest possible date.

D. **Ethics Review.** Mr. Duhon then addressed the Committee regarding ethics and provided updated information on the Louisiana Code of Governmental Ethics as it relates to the Committee and stated he had placed a packet at each member's place.

He said members of the Committee must comply with the Louisiana Code of Governmental Ethics. Mr. Duhon said actions by the P&T Committee are considered Executive Branch actions, and the state statute specifically prohibits lobbying P&T Committee members.

He told the members they are deemed State employees and that's why they must comply with the Code. Section 115 of the Code prohibits a public servant from soliciting or accepting a thing of economic value from a person who has or seems to have a contractual business or financial relationship with the public servant's agency or who has a substantial economic interest or would be substantially affected by the performance or nonperformance of a public servant's official duties. There have been some rulings about things of economic value.

He said pharmaceutical samples are not considered a thing of economic value as long as they are given to a patient at no cost, and Committee members can accept notepads, pens and similar items from pharmaceutical companies. Also, members can have meals paid for by a pharmaceutical company as long as the meals are consumed in the pharmaceutical company representative's

presence. The new $50 limit per event applies. The limit does not apply to a gathering held in conjunction with a meeting relating to a national or regional organization or a meeting of a statewide organization of government officials.

He told the members they are prohibited from receiving honorariums or reimbursement of any kind, including grants from pharmaceutical companies included or seeking to be included on the PDL or have matters before the Committee. Members can attend a conference or seminar sponsored by a pharmaceutical company, but the members must pay their own expenses associated with the trip. Also, if a member is employed by a university, the member cannot solicit grants from the pharmaceutical companies on behalf of the university. Mr. Duhon also informed the members they are not required to file financial disclosure statements under the new ethics rules.

He cautioned the members they should get an advisory opinion from the Louisiana Board of Ethics if they have any questions or concerns about compliance with the Code of Ethics. The website for the Board of Ethics is www.ethics.state.la.us. The Board's address is P.O. Box 4368, Baton Rouge, LA 70821, and the telephone numbers are 225-219-5600 or 1-800-842-6630.

Mr. Duhon offered to answer any questions the members may have. His email address is Daniel.duhon@la.gov, and his telephone number is 225-342-2520.

Dr. Paul Miller asked several questions. He wanted to know the process (1) for adding an item to the agenda, (2) for a member to propose a Bylaws change, (3) for going into Executive Session and (4) for Committee members to communicate on the web in a public forum fashion so the public can know. He added that it is difficult if not impossible to navigate the DHH website. After several comments and discussion, Dr. Hebert, chairman, responded DHH would take Dr. Miller's concerns into consideration. Mr. Daniel Duhon, DHH staff attorney, would be asked to research and develop a process by which agenda items can be proposed to be placed on the agenda for the next meeting as well as respond to Dr. Miller's other concerns.

Reports:

A. **Prior Authorization (PA) Monthly Report.** Ms. M. J. Terrebonne called the Committee members' attention to the PA Report included in their packets. She said the report shows monthly PA data and indicates trends in PA requests. *(Attachment 1)*

B. **PDL Reflecting August 11, 2010 P & T Committee Recommendations.** Ms. Terrebonne reported copies of the latest version of the PDL, which included the Pharmaceutical and Therapeutics (P&T) Committee's August 11, 2010 meeting recommendations were in the members' packets. These recommendations became effective October 1, 2010. *(Attachment 2)*

C. **Provider Synergies Louisiana Medicaid PDL Program Overview & Results 2010 & 2011.** Ms. Terrebonne then reminded the members that included in their previously sent packets were the 2010 and 2011 Provider Synergies' reports "Louisiana Medicaid PDL Program Overview and Results."

Old Business:

A. **Antivirals, Topical Evaluation.** Dr. Chris Andrews reported that Dr. Hussey, at the August 11, 2010 meeting requested Provider Synergies perform an evaluation for the Committee of the Antivirals, Topical use in other state Medicaid programs.

Dr. Andrews reported Provider Synergies has twenty-six state client accounts. Data were evaluated for twenty-one states. Only one of the states has made all the topical antivirals non-preferred. The percent market share of the topical antivirals fell from 18% to 3% when the prior authorization was implemented for the topical antivirals. The state currently has the lowest percentage of prescriptions for topical antivirals (3%) compared to oral antiherpetic agents (97%). The average market share of topical antivirals of the total of oral and topical HSV antivirals is approximately 13% (range 3%-22% on 21 states). For Louisiana, the utilization was 22% for First Quarter of 2010. Oral HSV antivirals are not reviewed by Louisiana for PDL consideration; therefore, on the printed PDL list, only the topical antiviral agents appear.

At the end of Dr. Andrews' report, Dr. Miller asked what was meant by the comment that the state does not review the oral antiviral products. Dr. Andrews said that DHH is exempt from reviewing the oral antiviral products. Dr. Givler asked if a prescription for one of them would go through automatically. Ms. Terrebonne replied that the oral antivirals are exempt from the PDL process as required by a Louisiana statute. Therefore, all valid prescription claims for covered oral antiviral drugs would be paid and not subject to the PDL review process.

New Business:

A. **Affordable Care Act/Impact on Supplemental Rebates.** Dr. Chris Andrews with Provider Synergies presented the next agenda item, the federal Affordable Care Act. In early 2010, the US Congress passed the federal Affordable Care Act that is going to negatively impact states' Supplemental Rebate Programs.

He provided a background review on the federal rebate program as it was previous to passage of the Act. At that time, pharmaceutical companies, in order to have their products covered under the Medicaid program, were required to submit a 15.1% federal rebate. The manufacturers that did not participate in the federal rebate program could not have their drugs covered with federal funds.

States and the federal government share these federal rebates based on the federal government's medical assistance percentage which is different for each state. In fact, the federal government also shares in the state supplemental rebates by this same percentage.

Dr. Andrews explained the states' supplemental rebates are those negotiated above the level of the federal rebate. The Affordable Care Act increased the federal rebate percentage for all products dispensed to Medicaid patients. However, the 8% increase in the federal rebate resulting from an increase in the 15.1% to 23.1% will be collected by the federal government and will not be shared with the states. This provision is retroactive to January, 2010. Also the 11% federally mandated rebate on generics is now 13%. That 2% increase will also not be shared with the states.

He said also to be considered is that under the Act, new formulations, such as extended release formulations, are being called line extensions and the policy on these has not been clarified by CMS. However, rebates on these products would be collected by the federal government and not shared with the states.

Dr. Andrews said, in addition, the federal rebate under the provisions of this Act may also be collected on utilization from managed care organizations. Previously, managed care organizations have had their own contract systems set up with manufacturers. However, the state supplemental rebates are not included in the managed care organizations' utilization under the provisions of the Act.

He also mentioned that one of the changes involves the state supplemental rebate contracts with manufacturers that Provider Synergies negotiates and which are written for a guaranteed net unit price. As federal rebates increase, supplemental rebates decrease if there is an existing contract. So federal rebates will increase and supplemental rebates may decrease by what Provider Synergies projected at the time. Overall, it is estimated there will be a 4% to 5% decrease in rebates, federal and supplemental, seen by the states.

B. **Explanation of TOP$, Monographs and Cost Sheets.** Dr. Chris Andrews explained that Provider Synergies currently works with eight (8) states in their PDL programs. Connecticut was added this year.

He explained Louisiana is a member of the TOP$ Program. It is a multi-state purchasing pool. TOP$ stands for *The Optimal PDL Solution*. Louisiana is a charter member of the pool established in 2005. This year Louisiana is one of eight states participating in the pool. He emphasized, while Provider Synergies tries to make recommendations that are the same across all states, the state does have final authority on its PDL.

He said that federal rebates are paid by manufacturers covered by the Medicaid program. In addition some states require state supplemental rebates, and that is the program with which Provider Synergies works. Provider Synergies negotiates rebates for its contract states. The supplemental rebate contracts are negotiated for one year. He said Provider Synergies does not receive any portion of the rebates.

Dr. Andrews then explained the therapeutic classifications selected for review and the monographs used by the Committee for deliberations. The date on the title page of each class monograph represents the date of the last edit of the monograph. The relative cost symbols shown on the monograph cost sheets are used to explain the relative costs of products in a class as state law requires confidentiality on the rebates.

Dr. Miller had several questions and comments predominately of an administrative nature. Ms. Terrebonne responded that the federal statute states if the manufacturer participates in the federal rebate program, the states are required to reimburse for their drug products. There are only a few classes that are exempt from that process. However, the federal statute also allows for a prior authorization process. This federal statute has been in effect since 1991. Ms. Terrebonne explained that states then wanted to go beyond the federal requirements and implemented state supplemental rebates. Louisiana was the second state to do that. States have different Medicaid program initiatives that are very varied. So it's very hard once you start looking at all the variability involved in these programs. Ms. Terrebonne told Dr. Miller she would be happy to

meet with him outside of this venue and discuss some of his issues.

C. **Public Testimony.** In accordance with state law and the P&T Committee's Bylaws, the following provided public testimony or answered questions raised by the Committee during the Committee's review of the therapeutic classes.

PRESENTER	REPRESENTING	DRUG/ISSUE
Nancy Horton, MD	Johnson & Johnson	Nucynta
Pam Sardo, PharmD	Abbott	Androgel
Catherine Summers	Daiichi Sankyo Inc	Azor; Tribenzor
Julia Compton	Novartis	Valturna; Tekamlo
Catherine Summers	Daiichi Sankyo Inc	Benicar
Julia Compton	Novartis	Tekturna
Karita Aggarawal	Salix Pharmaceuticals	Xifaxan
Derek Terada	Boehringer Ingelheim	Pradaxa
Ann Wicker	Pfizer	Relpax
James Osborne	GSK	Treximet
Robert Olson	Shionogi, Inc	Ulesfia
Steve Whiten	TARO	Ovide
William Rowe, NP	Forest	Bystolic
Ann Wicker	Pfizer	Toviaz
Bennett Sosna	Astellas	Vesicare
Neal Crowley	Astellas	Vesicare
James Osborne	GSK	Avedart; Jalyn
Tarrow Henderson	Amgen	Aranesp
Ann Wicker	Pfizer	Genotropin
Kaysen Bala, PharmD	Novo Nordisk	Norditropin
Fran Kaiser, MD	Merck	PegIntron
Tom Morrow, MD	Gentech	Pegasys
Fran Kaiser, MD	Merck	Januvia; Janumet
Mike Ketcher, PharmD	Novo Nordisk	Victoza
Adam Johnson, PharmD	BMS	Onglyza; Kombiglyze
Shawn Boykin, PhD	Lilly	Humalog; Humalin
Mike Ketcher, PharmD	Novo Nordisk	Levemir; Novolog
Pam Sardo, PharmD	Abbott	Niaspan; Triclor;Trilipix
Fran Kaiser, MD	Merck	Zetia
James Osborne	GSK	Lovaza
Catherine Summers	Daiichi Sankyo Inc	Welchol
Pam Sardo, PharmD	Abbott	Simcor
Fran Kaiser, MD	Merck	Vytorin
Ann Wicker	Pfizer	Lipitor; Caduet
Kristen Pasnak	Astra Zeneca	Crestor
Julia Compton	Novartis	Gilenya
Debbie Kennedy, PharmD	Biogen	Avonex
Carolyn Jones, PhD	Acorda Therapeutics	Ampyra
Jane Ruby, MD	Reckitt Benckiser	Suboxone

Susan Raspa	Actelion	Tracleer; Rentavis
Kirt Talamo	Gilead Sciences	Letairis
Ron Rideman	United Therapeutics	Adcirca; Tyraso
Pam Sardo, PharmD	Abbott	Creon
Melanie McKnight, MD	Genzyme	Renagel; Renvela
Shawn Boykin, PhD	Lilly	Effient
Katheleen Pinto, PharmD	BMS	Plavix
Karita Aggarawal	Salix Pharmaceuticals	Apriso
Carey Hall, PharmD	Shire	Lialda
Guy Brannon, MD	Sunovion	Latuda
Fran Kaiser, MD	Merck	Dulera
Andrew Walton	Somaxon	Silenor
Robert Olsen	Shionogi Inc	Kapvay

(Transcripts of testimonies are available from DHH, Bureau of Health Services Financing, Pharmacy Benefits Section, upon request.)

D. **Therapeutic Classes Reviews.** Forty three (43) therapeutic classes in ***Group One*** of the ***Tenth Review Cycle*** were reviewed. Dr. Hebert explained the Committee's review procedures. Monograph summaries were sent to the Committee prior to the meeting. Public comment was received for each therapeutic class prior to Committee discussion and action in accordance with state law and the P&T Committee's Bylaws. Committee proceedings follow:

Class Review Number

10-1;1. Analgesics, Narcotics Long Acting

Mr. McKay offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Givler. After discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Fentanyl Transdermal
Fentanyl Transdermal (Duragesic Matrix)
Methadone HCL
Morphine Sulfate ER (Generic)
Morphine Sulfate ER (Kadian)

*Committee Recommendations for the **NPDL** are:*
Buprenorphine Transdermal (Butrans)
Hydromorphone ER (Exalgo)
Morphine Sulfate ER (Avinza)
Morphine Sulfate ER/Naltrexone (Embeda)
Oxycodone ER
Oxycodone (OxyContin)
Oxycodone Reformulated (OxyContin Reformulated)
Oxymorphone ER (Opana ER)
Tramadol ER
Tramadol ER (Ryzolt)

Tramadol ER (Ultram ER)

10-1;2. Analgesics, Narcotics Short Acting

Mr. McKay offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Yu. Committee discussion and a pharmaceutical manufacturer's presentation on Nucynta followed. The motion passed with a roll call vote of thirteen yeas and two nays by Drs. Figueroa and Miller.

*Committee Recommendations for the **PDL** are:*
Acetaminophen w/Codeine
Butalbital Compound with Codeine
Codeine
Dihydrocodeine bitartrate/Acetaminophen/Caffeine (Generic)
Dihydrocodeine bitartrate/Acetaminophen/Caffeine (Trezix)
Hydrocodone/Acetaminophen
Hydrocodone/Ibuprofen
Hydromorphone
Meperidine
Morphine IR
Oxycodone
Oxycodone/Acetaminophen
Oxycodone w/Aspirin
Oxycodone/Ibuprofen
Pentazocine/Acetaminophen
Pentazocine/Naloxone
Tramadol
Tramadol/Acetaminophen

*Committee Recommendations for the **NPDL** are:*
Fentanyl Buccal - Generic
Fentanyl Buccal (Fentora)
Fentanyl Buccal (Onsolis)
Fentanyl Sublingual (Abstral)
Hydrocodone/Acetaminophen (Hycet)
Hydrocodone/Acetaminophen (Zamicet)
Hydrocodone/Acetaminophen (Zolvit)
Hydrocodone/Ibuprofen (Ibudone)
Hydrocodone/Ibuprofen (Reprexain)
Hydromorphone Liquid (Dilaudid)
Opium Tincture
Oxymorphone
Oxymorphone (Numorphan)
Oxymorphone IR (Opana)
Tapentadol (Nucynta)
Tramadol ODT (Rybix ODT)

Note: All propoxyphene containing products have been removed from the market per the FDA recommendation in November 2010 that propoxyphene not be prescribed or dispensed due to serious cardiac toxicity.

10-1;3. Androgenic Agents

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Gauthier-Lewis. After discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Testosterone Transdermal Patch (Androderm)
Testosterone Gel 1% (Androgel)

*Committee Recommendations for the **NPDL** are:*
Testosterone Gel 1% (Testim)
Testosterone Gel (Fortesta)

10-1;4. Angiotensin Modulator Combinations

Dr. Murrill offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Givler. Committee discussion and a pharmaceutical manufacuter's presentation on Tekamlo followed. The motion passed with a roll call vote of 14 yeas and 2 nays by Drs. Figueroa and Miller.

*Committee Recommendations for the **PDL** are:*
Amlodipine/Benazepril (Generic only)
Amlodipine/Olmesartan (Azor)
Amlodipine/Olmesartan/HCTZ (Tribenzor)
Amlodipine/Valsartan (Exforge)
Amlodipine/Valsartan/HCTZ (Exforge HCT)
Valsartan/Aliskiren (Valturna)
Trandolapril/ Verapamil

*Committee Recommendations for the **NPDL** are:*
Amlodipine/Aliskiren (Tekamlo)
Amlodipine/Aliskiren/HCTZ (Amturnide)
Amlodipine/Benazepril (Lotrel)
Amlodipine/Telmisartam (Twnysta)

10-1;5. Angiotensin Modulators: ACE Inhibitors & Direct Renin Inhibitors

Dr. Figueroa offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wolfson. Committee discussion and pharmaceutical manufacturers' presentations on Benicar and Tekturna followed. The motion passed with a roll call vote of fourteen yeas and two nays by Drs. Figueroa and Miller.

*Committee Recommendations for the **PDL** are:*
Benazepril
Benazepril/HCTZ
Captopril
Captopril/HCTZ
Enalapril

Enalapril/HCTZ
Fosinopril
Fosinopril/HCTZ
Irbesartan (Avapro)
Irbesartan/HCTZ (Avalide)
Lisinopril
Lisinopril/HCTZ
Losartan
Losartan/HCTZ
Quinapril
Quinapril/HCTZ
Ramipril
Trandolapril
Valsartan (Diovan)
Valsartan/HCTZ (Diovan HCT)

*Committee Recommendations for the **NPDL** are:*
Aliskiren (Tekturna)
Aliskiren/HCTZ (Tekturna HCT)
Candesartan (Atacand)
Candesartan/HCTZ (Atacand HCT)
Eprosartan (Teveten)
Eprosartan/HCTZ (Teveten HCT)
Moexipril
Moexipril/HCTZ
Olmesartan (Benicar)
Olmesartan/HCTZ (Benicar HCT)
Perindopril
Telmisartan (Micardis)
Telmisartan/HCTZ (Micardis HCT)

10-1;6. Antibiotics, Gastrointestinal

Mr. McKay offered a motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wilkinson. Discussion followed.

Dr. Figueroa, then offered a motion, seconded by Dr. Mader to amend Provider Synergies recommendations and add Vancomycin to the PDL. Discussion followed. Dr. Figueroa then withdrew his motion.

Following a presentation by a pharmaceutical manufacturer on Xifaxan, the Committee then voted on the original motion to accept Provider Synergies' recommendations. The motion passed with a roll call vote of fifteen yeas and one nay by Dr. Figueroa

*Committee Recommendations for the **PDL** are:*
Metronidazole
Neomycin
Nitazoxanide (Alinia)

Tinidazole (Tindamax)

*Committee Recommendations for the **NPDL** are:*
Metronidazole ER (Flagyl ER)
Rifaximin (Xifaxan)
Vancomycin (Vancocin)

10-1;7. Antibiotics, Inhaled

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Figueroa. After discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Tobramycin (Tobi)

*Committee Recommendations for the **NPDL** are:*
Azteonam (Cayston)

10-1;8. Antibiotics, Topical

Mr. McKay offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wolfson. After discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Gentamicin Sulfate
Mupirocin Ointment

*Committee Recommendations for the **NPDL** are:*
Mupirocin Cream (Bactroban)
Retapamulin Ointment (Altabax)

10-1;9. Antibiotics, Vaginal

Dr. Figueroa offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wolfson. After discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Clindamycin Vaginal Cream
Clindamycin Vaginal Ovules (Cleocin)
Metronidazole Vaginal Gel Cream
Metronidazole Vaginal Gel Cream (Vandazole)

*Committee Recommendations for the **NPDL** are:*
Clindamycin Vaginal Cream (Clindesse)

10-1;10.Anticoagulants

Dr. Givler offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Mr. McKay.

Discussion followed. Dr. Wilkinson offered a motion, seconded by Dr. Mader to amend Provider Synergies' recommendations and add Pradaxa to the PDL. Discussion followed and a presentation was made by the drug manufacturer of Pradaxa.

In a roll call vote with eleven yeas, four nays, and Dr. Gauthier-Lewis abstaining, the motion passed to add Pradaxa to the Provider Synergies PDL recommendations.

The Committee, in a roll call vote, then passed the original motion as amended to include Pradaxa, with thirteen yeas and two nays by Drs. Gauthier-Lewis and Yu.

Note: In response to Committee members' comments, Ms. Terrebonne recommended to the Committee that Pradaxa be evaluated again prior to the next Anticoagulant review in a year. Dr. Wolfson agreed and commented the evaluation should include increased costs due to inflation so that it reflects constant dollars. Drs. Givler and Miller supported the proposed evaluation.

*Committee Recommendations for the **PDL** are:*
Dabigatran(Pradaxa)
Dalteparin (Fragmin)
Enoxaparin (Lovenox)
Fondaparinux (Arixtra)
Warfarin

*Committee Recommendations for the **NPDL** are:*
Enoxaparin (Generic)
Tinzaparin (Innohep)

10-1;11.Antiemetic/Antivertigo Agents

Dr. Yu offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Mader.

Discussion followed, and no requests were made by the pharmaceutical manufacturers to make presentations. Then Dr. Givler offered a motion, seconded by Dr. Miller to amend the Provider Synergies' recommendations and recommend Marinol for the **NPDL.**

Discussion continued, and in a roll call vote with four yeas and twelve nays, the motion to remove Marinol from the Provider Synergies' PDL recommendations failed.

The Committee, in a roll call vote, then passed the original motion to accept Provider

Synergies' recommendations with fourteen yeas and two nays by Drs. Givler and Miller.

*Committee Recommendations for the **PDL** are:*
Aprepitant Oral (Emend)
Dimenhydrinate Inj
Dronabinol Oral (Marinol)
Meclizine
Metoclopramide Inj
Metoclopramide Oral
Ondansetron IV Inj
Ondansetron Oral ODT
Ondansetron Oral Tab
Ondansetron Oral Solution
Prochlorperazine Inj
Prochlorperazine Oral
Prochlorperazine Rectal
Promethazine Inj
Promethazine Oral
Promethazine Rectal
Scopolamine Oral (Scopace)
Scopolamine Transdermal (Transderm-Scop)
Trimethobenzamide IM Inj
Trimethobenzamide Oral

*Committee Recommendations for the **NPDL** are:*
Dolasetron IV Inj (Anzemet)
Dolasetron Oral (Anzemet)
Dronabinol Oral (Generic)
Fosaprepitant IV Inj (Emend)
Granisetron IV Inj
Granisteron Oral
Granisetron Transdermal (Sancuso)
Metoclopramide Oral ODT (Metozolv)
Nabilone Oral (Cesamet)
Ondansetron Oral (Zuplenz)
Palonosetron IV Inj(Aloxi)

10-1;12.Antifungals, Oral

Dr. Murrill offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Givler. There were no pharmaceutical manufacturers' requests to make presentations, and the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Clotrimazole Troches
Fluconazole
Griseofulvin Suspension
Griseofulvin (Gris-PEG)
Ketoconazole

Nystatin
Terbinafine (no granules)

*Committee Recommendations for the **NPDL** are:*
Flucytosine (Ancobon)
Griseofulvin (Grifulvin V Tablets)
Itraconazole
Itraconazole Solution (Sporanox)
Micanazole (Oravig)
Posaconazole (Noxafil)
Terbinafine (Terbinex)
Terbinafine Granules (Lamisil Granules)
Voriconazole (Generic)
Voriconazole (Vfend)

10-1;13.Antifungals, Topical

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Gauthier-Lewis. There were no pharmaceutical manufacturers' requests to make presentations, and the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Clotrimazole Rx
Clotrimazole/Betamethasone
Econazole
Ketoconazole Cream
Ketoconazole Shampoo (Rx only)
Nystatin
Nystatin/Triamcinolone

*Committee Recommendations for the **NPDL** are:*
Butenafine (Mentax)
Ciclopirox (CNL-8)
Ciclopirox Cream
Ciclopirox Gel
Ciclopirox Shampoo
Ciclopirox Solution
Ciclopirox Suspension
Ketoconazole (Ketocon Plus)
Ketoconazole Foam (Extina)
Ketoconazole (Extina; Xolegel)
Miconazole (Nuzole)
Miconazole/zinc oxide/white petrolatum (Vusion)
Naftifine (Naftin)
Nystatin (Pediaderm AF)
Oxiconazole (Oxistat)
Sertaconazole (Ertaczo)

Sulconazole (Exelderm)
Terbinafine (Lamisil)

10-1;14.Antimigraine Agents

Mr. McKay offered a motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wolfson. Discussion followed.

Dr. Mader then offered a motion, seconded by Dr. Patterson to amend Provider Synergies' recommendations and add Treximet to the **PDL**. Discussion followed. With no manufacturers' requests to make presentations, the Committee then voted on the motion to add Treximet to PDL recommendations. In a roll call vote, the motion failed with three yeas and thirteen nays.

The Committee then voted on the original motion to accept Provider Synergies' recommendations. The motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Eletriptan (Relpax)
Sumatriptan (Imitrex Injection)
Sumatriptan (Imitrex Nasal)
Sumatriptan Oral – Generic only

*Committee Recommendations for the **NPDL** are:*
Almotriptan (Axert)
Diclofenac (Cambia)
Frovatriptan (Frova)
Naratriptan
Rizatriptan (Maxalt)
Rizatriptan (Maxalt MLT)
Sumatriptan Injection – Generic only
Sumatriptan Nasal – Generic only
Sumatriptan (Imitrex Oral)
Sumatriptan/Naproxen (Treximet)
Zolmitriptan (Zomig)
Zolmitriptan (Zomig ZMT)
Zolmitriptan (Zomig Nasal)

10-1;15.Antiparasitic Agents, Topical

Dr. Wilkinson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Patterson. After discussion and a presentation by the manufacturer of Ulesfia, the motion passed unanimously with a roll call vote.

Committee Recommendations for the PDL are:
Crotamiton (Eurax)
Malathion (Ovide – Brand Only)
Permethrin

Committee Recommendations for the NPDL are:
Benzyl Alcohol (Ulesfia)
Lindane
Malathion (generic only)
Spinosad (Natroba)

10-1;16.Antiviral Agents, Topical

Dr. Gauthier-Lewis offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Givler. After discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Acyclovir Ointment (Zovirax)
Penciclovir Cream (Denavir)

*Committee Recommendations for the **NPDL** are:*
Acyclovir Cream (Zovirax)
Acyclovir/Hydrocortisone (Xerese)

10-1;17.Beta Blockers

Mr. McKay offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Patterson.

A presentation was made by the manufacturer of Bystolic. Discussion followed. Then Dr. Mader offered a motion, seconded by Dr. Murrill, to amend Provider Synergies' recommendations and add Bystolic to the PDL. Discussion followed. In a roll call vote with fourteen yeas and two nays, the motion passed to add Bystolic to the Provider Synergies' PDL recommendations.

The Committee then voted on the original motion to accept Provider Synergies' recommendations plus Bystolic. The amended motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Acebutolol
Atenolol
Atenolol/Chlorthalidone
Betaxolol
Bisoprolol
Bisoprolol/HCTZ
Carvedilol
Labetalol
Metoprolol
Metoprolol/HCTZ
Metoprolol Succinate ER

Nadolol
Nadolol/Bendroflumethiazide
Nebivolol (Bystolic)
Penbutolol (Levatol)
Pindolol
Propranolol
Propranolol ER (Innopran XL)
Propranolol LA
Propranolol/HCTZ
Sotalol
Sotalol AF
Timolol Maleate

*Committee Recommendations for the **NPDL** are:*
Carvedilol CR (Coreg CR)
Metoprolol Succinate ER (Toprol XL

10-1;18.Bladder Relaxant Preparations

Dr. Figueroa offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Murrill. After discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Fesiterodine ER (Toviaz)
Oxybutynin
Solifenacin (VESIcare)

*Committee Recommendations for the **NPDL** are:*
Darifenacin (Enablex)
Oxybutynin ER
Oxybutynin Gel (Gelnique Transdermal)
Oxybutynin Transdermal (Oxytrol)
Tolterodine (Detrol)
Tolterodine ER (Detrol LA)
Trospium
Trospium XR (Sanctura XR)

10-1;19.Bone Resorption Suppression and Related Agents

Mr. McKay offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wilkinson. After discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Alendronate
Calcitonin-salmon Nasal (Miacalcin)

*Committee Recommendations for the **NPDL** are:*
Alendronate Solution (Fosamax Solution)
Alendronate/Vit D (Fosamax plus D)
Calcitonin-salmon Nasal (Fortical)
Calcitonin-salmon Nasal (Generics)
Etidronate Disodium (Generics)
Etidronate (Didronel)
Ibandronate Sodium (Boniva)
Raloxifene (Evista)
Risendronate (Actonel)
Risendronate DR (Atelvia)
Teriparatide Subcutaneous (Forteo)

Note: Risendronate/Calcium (Actonel with Calcium) is no longer available.

10-1;20.Benign Prostatic Hyperplasia (BPH) Treatments

Dr. Murrill offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Patterson. After discussion and a presentation made by the manufacturer of Avodart and Jalyn, the motion then passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Alfuzosin (Uroxatral)
Doxazosin
Finasteride
Tamsulosin
Terazosin

*Committee Recommendations for the **NPDL** are:*
Doxazosin XL (Cardura XL)
Dutasteride (Avodart)
Dutasteride/Tamsulosin (Jalyn)
Silodosin (Rapaflo)

10-1;21.Calcium Channel Blockers

Dr. Murrill offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Patterson. After discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Amlodipine
Diltiazem CD (Cardizem CD 360 mg)
Diltiazem IR
Diltiazem ER
Diltiazem SR

Felodipine ER
Isradipine
Nicardipine
Nifedipine ER
Nifedipine IR
Nimodipine
Verapamil
Verapamil ER (generics only)
Verapamil IR
Verapamil SR

*Committee Recommendations for the **NPDL** are:*
Isradipine SR (Dynacirc CR)
Nisoldipine
Verapamil ER (Covera HS)
Verapamil ER PM

Note: Nicardipine SR (Cardene SR) is no longer available.

10-1;22.Cephalosporins and Related Antibiotics

Dr. Givler offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Gauthier-Lewis. After discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Amoxicillin/Clavulanate Suspension
Amoxicillin/Clavulanate Tablets
Amoxicillin/Clavulanate Susp (Augmentin 125 & 250)
Cefadroxil
Cefixime (Suprax)
Cefprozil
Ceftibuten (Cedax)
Cefuroxime
Cephalexin

*Committee Recommendations for the **NPDL** are:*
Amoxicillin/Clavulanate ER
Cefaclor
Cefaclor ER 500mg
Cefdinir
Cefditoren Pivoxil
Cefpodoxime
Cefuroxime Axetil Susp (Ceftin)

10-1;23.Erythropoiesis Stimulating Proteins

Dr. Yu offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Suleman. Extensive discussion followed.

Dr. Wolfson inquired about the existence of guidelines regarding the use of these types of medication. Dr. Andrews acknowledged guidelines do exist, and Ms. Terrebonne added that DHH does not have any clinical edits for this class of drugs at this time. Dr. Wolfson and Dr. Miller both indicated they thought DHH should create and implement guidelines for these drugs. Dr. Wolfson wanted to delay action on the P&T Committee deliberations until the Medicaid Drug and Utilization Review Board (DURB) could develop clinical guidelines and introduced a motion that he later withdrew. Dr. Wolfson agreed with Dr. Hebert's proposal that the Committee vote on the Provider Synergies' recommendations regarding placement of the drugs in this class on the PDL or NPDL. Then, at a future meeting, the DURB recommendations regarding clinical guidelines and claims edits would be presented.

Dr. Miller wanted to know if the utilization shown for these drugs applied to the dialysis facility setting as well as the outpatient setting as the utilization data appeared to be low. Ms. Terrebonne responded that the utilization shown was only for the pharmacy outpatient program and did not include the dialysis centers which are not under the purview of the P&T Committee.

The manufacturer of Aranesp then made a presentation. Committee questions and discussion followed.

The Committee then accepted Provider Synergies' recommendations in a roll call vote of fifteen yeas, no nays and one abstention by Dr. Givler.

Dr. Hebert, chairman, then assured the Committee that Ms. Terrebonne and he would forward the Committee's request for the DUR Board to design and develop erythropoiesis stimulating proteins prescription guidelines. These guidelines will be presented at a future date, and DHH would consider implementing corresponding claims processing edits.

*Committee Recommendations for the **PDL** are:*
Darbepoetin (Aranesp)
Epoetin alfa (Procrit)

*Committee Recommendations for the **NPDL** are:*
Epoetin alfa (Epogen)

10-1;24.Fluoroquinolones, Oral

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Murrill. After discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Ciprofloxacin Tablets
Levofloxacin (Levaquin)

*Committee Recommendations for the **NPDL** are:*
Ciprofloxacin Suspension (Cipro Suspension)
Ciprofloxacin ER
Ciprofloxacin ER (Proquin XR)
Gemifloxacin (Factive)
Moxifloxacin (Avelox)
Norfloxacin (Noroxin)
Ofloxacin

10-1;25.Growth Hormones

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Suleman. After discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed unanimously with a roll call vote.

Dr. Miller requested Provider Synergies submit a report to the Committee regarding restrictive guidelines other states' Medicaid programs' have for this therapeutic class. Dr. Andrews acknowledged he would prepare a report.

*Committee Recommendations for the **PDL** are:*
Somatropin (Genotropin)
Somatropin (Norditropin)
Somatropin (Nutropin)
Somatropin (Nutropin AQ)

*Committee Recommendations for the **NPDL** are:*
Somatropin (Humatrope)
Somatropin (Omnitrope)
Somatropin (Saizen)
Somatropin (Serostim)
Somatropin (Tev-Tropin)
Somatropin (Zorbtive)

10-1;26.Hepatitis C Agents

Dr. Wolfson offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Suleman. Presentations were made by the manufacturers of PegIntron and Pegasys. The motion then passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL:***
Ribavirin
Peginterferon alfa-2a (PEGASYS)

*Committee Recommendations for the **NPDL:***
Consensus Interferon (Infergen)
Peginterferon alfa-2b (PEG-Intron)
Peginterferon alfa-2b (PEG-Intron Redipen)

10-1;27.Hypoglycemics, Incretin Mimetics/Enhancers

Dr. Suleman offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wolfson. Discussion followed.

Dr. Givler then offered a motion, seconded by Dr. Patterson to amend Provider Synergies' recommendations and add Januvia and Janumet to the **PDL**. Discussion followed. The Committee voted on the motion to add Januvia and Janumet to the PDL recommendations. In a roll call vote, the motion passed with thirteen yeas and two nays by Drs. Firestone and Yu.

A manufacturer's presentation on Victoza followed.

The Committee then voted on the original motion to accept Provider Synergies' recommendations plus Janumet and Januvia. The motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Exenatide Pens (Byetta Pens)
Pramlintide (Symlin)
Pramlintide Pens (Symlin Pens)
Saxagliptin (Onglyza)
Saxagliptin/Metformin ER (Kombiglyze XR)
Sitagliptin Oral (Januvia)
Sitagliptin/Metformin Oral (Janumet)

*Committee Recommendations for the **NPDL** are:*
Liraglutide (Victoza)

10-1;28.Hypoglycemics, Insulins

Dr. Givler offered a motion to accept Provider Synergies' recommendation. The motion was seconded by Dr. Suleman. A presentation was made by the manufacturer of Levemir and Novolog.

The motion then passed passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Human Insulin & Pens (Humulin)
Insulin Glargine & Pens (Lantus)
Insulin Lispro & Pens (Humalog)
Insulin Lispro/Protamine Lispro & Pens (Humalog Mix)

*Committee Recommendations for the **NPDL** are:*
Human Insulin & Pens (Novolin)
Insulin Aspart & Pens (Novolog)
Insulin Aspart/Protamine Lispro & Pens(Novolog Mix 70/30)
Insulin Detemir & Pens(Levemir)
Insulin Glulisine & Pens (Apidra)

10-1;29.Hypoglycemics, Meglitinides

Dr. Suleman offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Patterson. No pharmaceutical manufacturers made requests for presentations. The motion then passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Nateglinide (Starlix)
Repaglinide (Prandin)

*Committee Recommendations for the **NPDL** are:*
Nateglinide (Generic)
Repaglinide/Metformin (Prandimet)

10-1;30.Hypoglycemics, Thiazolidinediones (TZDs)

Dr. Suleman offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Figueroa.

Then Dr. Givler offered a motion, seconded by Mr. McKay to amend Provider Synergies' recommendations and recommend Avandia for the **NPDL**.

Discussion continued, and in a roll call vote, the motion to remove Avandia from the Provider Synergies PDL recommendations passed unanimously.

The Committee, in a roll call vote, then passed the motion unanimously to accept Provider Synergies' recommendations without Avandia.

*Committee Recommendations for the **PDL** are:*
Pioglitazone (Actos)

*Committee Recommendations for the **NPDL** are:*
Pioglitazone/Glimeperide (Duetact)
Pioglitazone/Metformin (Actoplus Met)
Pioglitazone/Metformin ER (Actoplus Met XR)
Rosiglitazone/Glimeperide (Avandaryl)
Rosiglitazone (Avandia)
Rosiglitazone/Metformin (Avandamet)

10-1;31.Lipotropics, Other

Dr. Suleman offered a motion to accept Provider Synergies' recommendations. The

motion was seconded by Mr. McKay. Presentations were made by the manufacturers of Zetia, Lovaza and Welchol.

Discussion and questions followed. The motion then passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Cholestyramine
Colestipol
Fenofibrate (Tricor)
Fenofibric Acid (Trilipix)
Gemfibrozil
Niacin ER (Niaspan)
Niacin IR (Niacor)

*Committee Recommendations for the **NPDL** are:*
Colesevelam (WelChol)
Ezetimibe (Zetia)
Fenofibrate (Antara)
Fenofibrate (Fenoglide)
Fenofibrate (Generic)
Fenofibrate (Lipofen)
Fenofibrate (Triglide)
Fenofibric Acid (Generic)
Fenofibric Acid (Fibricor)
Omega-3-acid ethyl esters (Lovaza)

10-1;32.Lipotropics, Statins

Dr. Wolfson offered a motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Suleman. Presentations were made by the manufacturers of Vytorin, Lipitor, Caduet and Crestor. The motion then passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Atorvastatin (Lipitor)
Fluvastatin (Lescol)
Fluvastatin XL (Lescol XL)
Lovastatin
Niacin ER/Simvastatin (Simcor)
Pravastatin
Rosuvastatin (Crestor)
Simvastatin

*Committee Recommendations for the **NPDL** are:*
Amlodipine/Atorvastatin (Caduet)
Ezetimibe/Simvastatin (Vytorin)
Lovastatin ER (Altoprev)

Niacin ER/Lovastatin (Advicor)
Pitavastatin (Livalo)

10-1;33.Macrolides – Ketolides

Dr. Suleman offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Mader. There were no pharmaceutical manufactures' requests to make presentations. The motion then passed unanimously in a roll call vote.

*Committee Recommendations for the **PDL** are:*
Azithromycin
Erythromycin

*Committee Recommendations for the **NPDL** are:*
Azithromycin ER (Zmax)
Clarithromycin
Clarithromycin ER
Telithromycin (Ketek)

10-1;34.Multiple Sclerosis Agents

Dr. Suleman offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wolfson. Discussion followed.

Dr. Mader then offered a motion, seconded by Dr. Wolfson to amend Provider Synergies' recommendations and add Rebif to the **PDL**. In a roll call vote, the motion passed unanimously to amend the recommendations and add Rebif to the PDL.

Dr. Miller asked if it is a federal statute or state statute that every new medication that comes on the market and its' manufacturer participates in the Medicaid rebate program automatically gets placed on the state Medicaid formulary for six months. Ms. Terrebonne said she would provide a report to the Committee at the next meeting.

Manufacturers' presentations on Gilenya and Ampyra followed.

Discussion followed and it was noted that this is an area of medicine in which patients respond quite differently to the drugs in this category as reflected in the presentation on Ampyra. Dr. Mader asked if the Committee could decide to exempt a class from review. Ms. Terrebonne responded that the Committee could make that recommendation by introducing and passing a motion to that effect. Dr. Andrews commented that the class as presented to the Committee is defined by Provider Synergies, so if the Committee thinks it should be reclassified, its position could be taken under advisement. Dr. Andrews said he understood the distinction between Ampyra and the other disease modifying agents in this class. He agreed to take this issue to Provider Synergies' clinical team and submit a report at the next meeting.

***Note:** During the discussion, Dr. Miller asked Mr. Duhon what was the procedure for going into Executive Session. A response will be made at the next meeting.*
The Committee then voted on the original motion to accept Provider Synergies'

recommendations plus Rebif. The motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Glatiramer (Copaxone)
Interferon ß-1a (Avonex)
Interferon ß-1a (Rebif)
Interferon ß-1b (Betaseron)

*Committee Recommendations for the **NPDL** are:*
Dalfampridine (Ampyra)
Fingolimod (Gilenya)
Interferon ß-1b (Extavia)

10-1;35.Opiate Dependence

Mr. McKay offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Suleman. There were no pharmaceutical manufactures' requests to make presentations. The motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Buprenorphine/Naloxone Filmtab (Suboxone)
Buprenorphine/Naloxone SublingTab (Suboxone)

*Committee Recommendations for the **NPDL** are:*
Buprenorphine Subling Tab (Generic)
Buprenorphine Subling Tab (Subutex)

10-1;36.Pulmonary Arterial Hypertension (PAH) Agents, Oral and Inhaled

Dr. Suleman offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Gauthier-Lewis. Presentations were made by the manufacturers of Letairis and Tyvaso. The motion then passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Bosentan (Tracleer)
Iloprost (Ventavis)
Sildenafil (Revatio)
Tadalafil (Adcirca)

*Committee Recommendations for the **NPDL** are:*
Ambrisentan (Letairis)
Treprostinil (Tyvaso)

10-1;37.Pancreatic Enzymes

Dr. Suleman offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wolfson. There were no pharmaceutical manufacturers'

requests to make presentations. The motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Creon
Pancrelipase
Zenpep

*Committee Recommendations for the **NPDL** are:*
Pancreaze

10-1;38.Phosphate Binders

Dr. Suleman offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wolfson.

Discussion followed. In response to Dr. Miller's question, Dr. Andrews acknowledged once all rebates are taken into account, Renagel was definitively less expensive than Renvela.

A manufacturer's presentation on Renvela followed.

Dr. Miller then offered a motion, seconded by Dr. Suleman to amend Provider Synergies' recommendations and add Renvela to the **PDL**. The Committee voted on the motion to add Renvela to the PDL recommendations. In a roll call vote, the motion passed unanimously.

The Committee then voted on the original motion to accept Provider Synergies' recommendations plus Renvela. The motion passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Calcium Acetate (PhosLo)
Sevelamer HCl (RenaGel)
Sevelamer HCl (Renvela)

*Committee Recommendations for the **NPDL** are*
Calcium Acetate (Generic)
Calcium Acetate (Eliphos)
Lanthanum Carbonate (Fosrenol)

10-1;39.Platelet Aggregation Inhibitors

Dr. Suleman offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Patterson. A presentation was made by the manufacturer of Effient followed by Committee discussion. The motion then passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Aspirin/Dipyridamole ER (Aggrenox)
Dipyridamole

Clopidogrel (Plavix)

*Committee Recommendations for the **NPDL** are:*
Prasugrel (Effient)
Ticlopidine

10-1;40.Proton Pump Inhibitors

Dr. Suleman offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Wolfson. No manufacturers requested to make presentations. Extensive discussion followed.

Then Dr. Miller offered a motion, seconded by Dr. Suleman to amend Provider Synergies' recommendations and recommend Nexium for the **NPDL**. Discussion continued, and Dr. Miller withdrew his motion.

The Committee, in a roll call vote, then passed the original motion to accept Provider Synergies' recommendations with twelve yeas and two nays by Drs. Givler and Miller.

*Committee Recommendations for the **PDL** are:*
Esomeprazole (Nexium)
Omeprazole (Generic legend only)

*Committee Recommendations for the **NPDL** are:*
Dexlansoprazole (Dexilant)
Esomeprazole Suspension (Nexium)
Lansoprazole Capsule
Lansoprazole Capsule (Prevacid)
Lansoprazole Solutab
Lansoprazole Solutab (Prevacid)
Omeprazole Suspension (Prilosec)
Omeprazole/Sodium Bicarbonate (Generic legend only)
Pantoprazole
Pantoprazole Suspension (Protonix)
Rabeprazole (Aciphex)

Note: Lansoprazole Suspension (Prevacid) was removed from the market.

Note: Omeprazole/Sodium Bicarbonate (Zegerid brand) is not covered by the program as the company does not offer the federally mandated rebate required for program coverage.

10-1;41.Skeletal Muscle Relaxants

Dr. Suleman offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Patterson. Discussion followed.

Then Dr. Wolfson offered a motion, seconded by Dr. Wilkinson to amend Provider Synergies' recommendations and recommend Carisoprodol and Carisoprodol Compound

be placed on the **NPDL**.

Discussion continued. With a roll call vote, the motion to remove Carisoprodol and Carisoprodol Compound from the Provider Synergies PDL recommendations passed unanimously.

The Committee, in a roll call vote, then passed the motion unanimously to accept Provider Synergies' recommendations without Carisoprodol and Carisoprodol Compound in the PDL.

*Committee Recommendations for the **PDL** are:*
Baclofen
Chlorzoxazone
Cyclobenzaprine
Methocarbamol
Tizanidine – (Generics only)

*Committee Recommendations for the **NPDL** are:*
Carisoprodol
Carisoprodol Compound
Carisoprodol (Soma 250 mg)
Cyclobenzaprine (Fexmid)
Cyclobenzaprine ER (Amrix)
Dantrolene Sodium
Metaxalone
Orphenadrine
Orphenadrine Compound
Tizanidine (Zanaflex)

10-1;42.Tetracyclines

Dr. Suleman offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Suleman. There were no pharmaceutical manufactures' requests to make presentations. The motion then passed unanimously in a roll call vote.

*Committee Recommendations for the **PDL** are:*
Doxycycline Hyclate (generic)
Doxycycline Hyclate DR (generic)
Doxycycline Monohydrate
Minocycline Cap
Minocycline Tab
Tetracycline

*Committee Recommendations for the **NPDL** are:*
Demeclocycline
Doxycycline Calcium Suspension (Vibramycin)
Doxycycline Hyclate (Doryx)
Doxycycline DR (Oracea)
Minocycline ER – (generic)

10-1;43.Ulcerative Colitis Agents

Dr. Gauthier-Lewis offered the motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Suleman. A presentation was made by the manufacturer of Lialda followed by Committee discussion. The motion then passed unanimously with a roll call vote.

*Committee Recommendations for the **PDL** are:*
Mesalamine ER (Apriso)
Balsalazide
Mesalamine Enemas
Mesalamine (Asacol)
Mesalamine Suppositories (Canasa)
Sulfasalazine

*Committee Recommendations for the **NPDL** are:*
Mesalamine DR (Asacol HD)
Mesalamine Sulfite-Free Enemas (sfRowasa)
Mesalamine MMX (Lialda)
Mesalamine Oral (Pentasa)
Olsalazine Oral (Dipentum)

E. NEW SINGLE DRUG REVIEW. The new drug reviews or single drug reviews are on products that have come to the market since the last review of the class. The reviews at this meeting were on new products in classes reviewed at the February 10, 2010 and August 11, 2010 meetings. Thirteen (13) new drugs in eleven (11) therapeutic classes were reviewed and recommendations were made. P&T Committee recommendations follow:

Class Review Number

9-2;6 Antidepressants, Other

Dr. Hussey offered the motion to accept Provider Synergies' recommendation to place the new drug Trazodone Hydrochloride **(Oleptro)** on the **PDL.** The motion was seconded by Mr. McKay and passed unanimously with a roll call vote.

9-1;7. Antihistamines, Minimally Sedating

Mr. McKay offered the motion to accept Provider Synergies' recommendation to place the new drug Ioratadine **(Claritin Liqui-gel)** on the **NPDL.** The motion was seconded by Dr. Wilkinson and passed unanimously with a roll call vote.

9-2;14. Antipsychotics

Mr. McKay offered the motion to accept Provider Synergies' recommendation to place the new drug Lurasidone **(Latuda)** on the **NPDL.** The motion was seconded by Dr. Wolfson. Discussion followed and a presentation was made by the manufacturer of Latuda.

Dr. Suleman then offered a motion to add Latuda to the **PDL**. Dr. Patterson seconded the motion. Dicussion followed and the motion failed with four yeas and ten nays.

The Committee then voted on the motion to accept Provider Synergies' recommendation. The motion to place Latuda on the **NPDL** passed with eleven yeas and three nays.

9-2;24. Glucocorticoids, Inhaled

Dr. Figueroa offered the motion to accept Provider Synergies' recommendation to place the new drug Mometasone Furoate **(Dulera)** on the **NPDL.** The motion was seconded by Dr. Gauthier-Lewis. The manufacturer of Dulera made a presentation. The Committee then voted unanimously in a roll call vote to recommend Dulera for the **NPDL**.

9-2;32. Ophthalmic Antibiotics

Dr. Suleman offered the motion to accept Provider Synergies' recommendation to place the new drug Gatifloxacin **(Zymaxid)** on the **NPDL.** The motion was seconded by Dr. Patterson and passed unanimously with a roll call vote.

9-2;32. Ophthalmic Antibiotics

Dr. Suleman offered the motion to accept Provider Synergies' recommendation to place the new drug Moxifloxacin Hydrochloride **(Moxeza)** on the **PDL.** The motion was seconded by Dr. Firestone and passed unanimously with a roll call vote.

9-2;33. Ophthalmics for Allergic Conjunctivitis

Mr. McKay offered the motion to accept Provider Synergies' recommendation to place the new drug Alcaftadine **(Lastacaft)** on the **NPDL.** The motion was seconded by Dr. Murrill and passed unanimously with a roll call vote.

9-2;34. Ophthalmic Anti-Inflammatories

Dr. Suleman offered the motion to accept Provider Synergies' recommendation to place the new drug Bromfenac **(Bromday)** on the **NPDL.** The motion was seconded by Dr. Gauthier-Lewis and passed unanimously with a roll call vote.

9-1;26. Sedatives/Hypnotics

Mr. McKay offered the motion to accept Provider Synergies' recommendation to place the new drug Zolpidem Tartrate **(Zolpimist)** on the **NPDL.** The motion was seconded by Dr. Wolfson and passed unanimously with a roll call vote.

9-1;26. Sedatives/Hypnotics

Dr. Suleman offered the motion to accept Provider Synergies' recommendation to place the new drug Doxepin **(Silenor)** on the **NPDL.** The motion was seconded by Dr. Figueroa. The manufacturer of Silenor made a presentation. Then the Committee voted, and the motion to accept Provider Synergies recommendation passed unanimously with a roll call vote.

9-2;39. Steroids, Topical Low Potency

Mr. McKay offered the motion to accept Provider Synergies' recommendation to place the new drug Desonide 0.05%Cream or Ointment + Barirep Cream **(Desonil+Plus)** on the **NPDL.** The motion was seconded by Dr. Figueroa and passed unanimously with a roll call vote.

9-2;41. Steroids, Topical Very High Potency

Dr. Figueroa offered the motion to accept Provider Synergies' recommendation to place the new drug Ammonium Lactate 12%, topical lotion and Halobetasol Propionate 0.05%, topical ointment **(Halac)** on the **NPDL.** The motion was seconded by Dr. Wolfson and passed unanimously with a roll call vote.

9-2;42. Stimulants and Related Agents

Dr. Hussey offered the motion to accept Provider Synergies' recommendation to place the new drug Clonidine Extended-release **(Kapvay)** on the **NPDL.** The motion was seconded by Dr. Patterson. A presentation was made by the manufacturer of Kapvay. Comments followed, and the motion passed unanimously with a roll call vote.

Other Business:

A. **Birth Control Pills.** Dr. Wolfson asked why Louisiana allowed only six months for the life of a birth control prescription while other states allowed one year. He commented that it would be simpler to extend these prescriptions' lives to one year to coincide with the annual pap smears. Ms. Terrebonne explained that the limit in Louisiana is based on a federally approved state plan in which Louisiana made the administrative decision to place the six month limit on the lives on all Medicaid prescriptions except those with more restrictions, such as those where prescribers have limited the refills or those that are for controlled drugs. Dr. Hebert said DHH staff would review the issue, and Ms. Terrebonne would report to the Committee at its next meeting.

B. **Ms. M. J. Terrebonne**. Ms. Terrebonne told the new Committee members her staff would send them an email requesting their preferences for receiving future drug monographs via hard copy, CD or Secure Mail.

Ms. Terrebonne, in response to Dr. Miller's question, told the members the monographs would not be on the DHH website.

Dr. Suleman requested the agendas also be sent on CD for future meetings, and Ms. Terrebonne agreed.

C. **Mr. Timothy Williams.** Mr. Williams reminded the Committee members to update their versions of Acrobat reader. If it is not updated, the CD sent by DHH will not open and give the message that the CD is not readable.

Next Steps:

A. **Therapeutic Classes proposed to be reviewed at Next Meeting.** Therapeutic classes proposed for review at the next meeting are:

Alzheimer's Agents
Analgesics/Anesthetics, Topical
Antidepressants, Other
Antidepressants, SSRIs
Antihistamines, Minimally Sedating
Antihyperuricemics, Oral
Antiparkinson's Agents
Antipsychotics
Bile Salts
Bronchodilators, Anticholinergic
Bronchodilators, Beta Agonist
Cytokine and CAM Antagonists
Glucocorticoids, Inhaled
Immunomodulators, Inhaled
Intranasal Rhinitis Agents
Leukotriene Modifiers
NSAIDS
Oncology Agents, Oral
Ophthalmic Antibiotics/Steroid Combinations
Ophthalmic Antibiotics
Ophthalmic Antiinflammatories
Ophthalmics For Allergic Conjunctivitis
Ophthalmics, Glaucoma Agents
Otic Antibiotics
Otic Anti-Infectives
Sedative Hypnotics
Smoking Cessation
Steroids, Topical – High Potency
Steroids, Topical – Low Potency
Sterolds, Topical – Medium Potency
Steroids, Topical – Very High Potency
Stimulants And Related Agents

Note: Therapeutic Classes scheduled for review are posted on the following websites: DHH Medicaid - (www.lamedicaid.com) and Provider Synergies - (http://www.providersynergies.com/services/medicaid/default.asp?content=Louisiana)

Next Meeting Date:
The next Committee meeting is scheduled for Wednesday, November 2, 2011.

Dr. Suleman requested the Committee meet on another day of the week as Wednesdays are not good for him. It was agreed the membership would be polled to determine the best day.

Dr. Miller reminded Dr. Hebert that he would "take up the issues of how the Bylaws don't have any direction for putting items on the agenda or describing anything like that," Dr. Hebert assured Dr. Miller again that Mr. Duhon would address his issues and let him know.

Public Comment:
There were no additional public comments.\

Adjournment:
The meeting adjourned at 3:55 p.m.

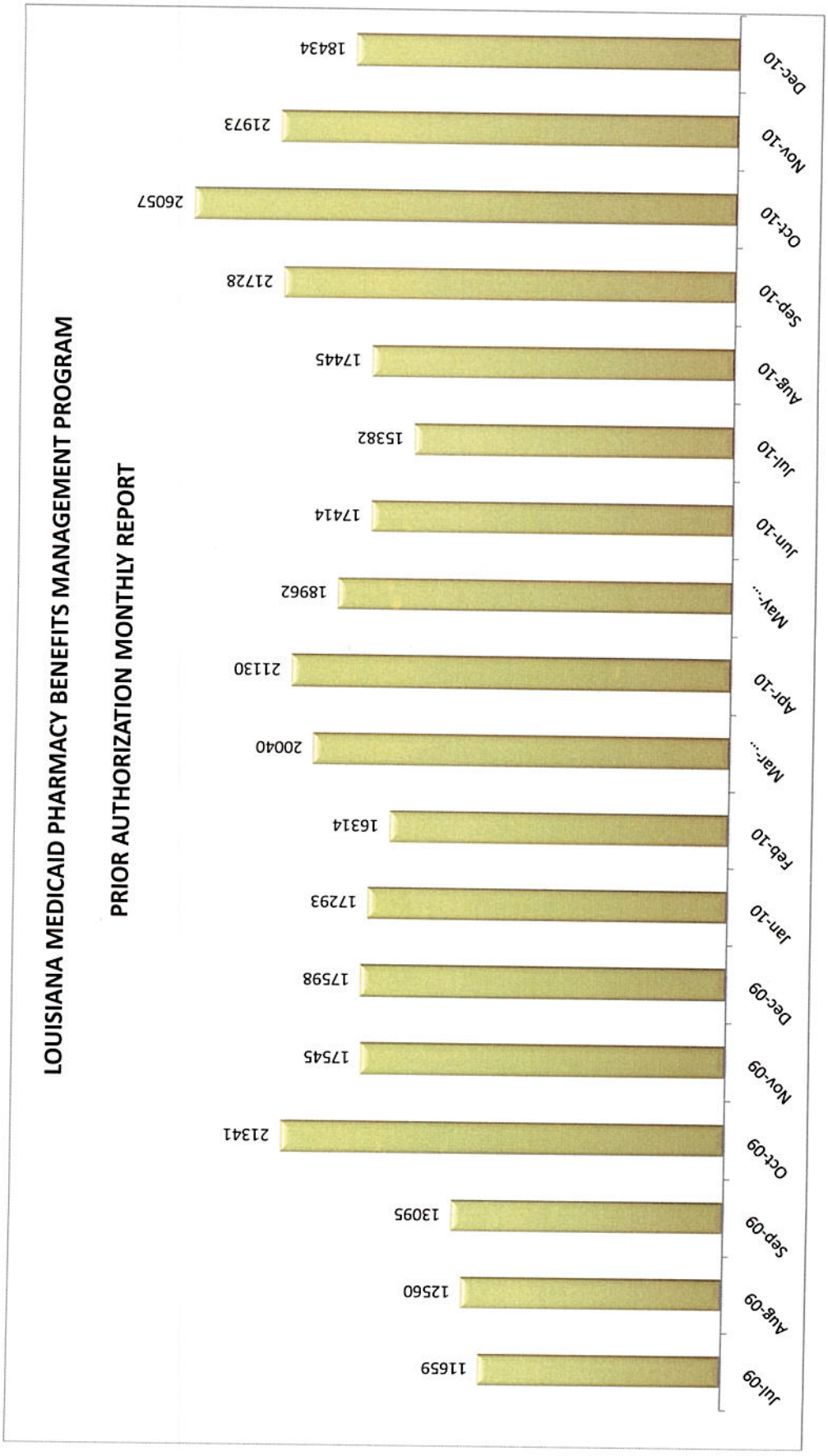
Attachments (2)

The meeting transcript is available for review at DHH, Bureau of Health Services Financing, Pharmacy Benefits Section, upon request.

Larry J. Hebert, D.C.

Dr. Larry Hebert, Chairman, P & T Committee
November 2, 2011

Attachment 1



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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
1	ADD/ADHD			
	Stimulants and Related Agents	Amphetamine Mixed Salt	Amphetamine Mixed Salt ER (generic)	
		Dexmethylphenidate	Amphetamine Mixed Salt ER (Adderall XR®)	
		Dexmethylphenidate (Focalin ®)	Armodafinil (Nuvigil®)	
		Dextroamphetamine	Atomoxetine (Strattera®)	
		Dextroamphetamine (Procentra®)	Dexmethylphenidate ER (Focalin XR®)	
		Guanfacine ER (Intuniv®)	Modafinil (Provigil®)	
		Lisdexamfetamine (Vyvanse®)	Methamphetamine	
		Methylphenidate	Methamphetamine (Desoxyn®)	
		Methylphenidate ER - generic	Methylphenidate LA (Ritalin LA®)	
		Methylphenidate ER (Concerta®, Metadate CD®)		
		Methylphenidate IR (Methylin Chewable & Solutionl®)		
		Methylphenidate Transdermal Patches (Daytrana®)		
2	ALLERGY			
	Antihistamines - Minimally Sedating	Cetirizine (Generic)	Acrivastin/Pseudoephedrine (Semprex-D®)	
		Cetirizine Chewable (Generic)	Desloratadine (Clarinex®)	
		Cetirizine-D (Generic)	Desloratadine Syrup (Clarinex®)	
		Cetirizine Syrup OTC	Desloratadine/Pseudoephedrine (Clarinex-D®)	
		Cetirizine Syrup Rx	Fexofenadine	
		Loratadine (Generic)	Fexofenadine-D 12-hour (Generic)	
		Loratadine-D (Generic)	Fexofenadine ODT(Allegra ODT®)	
		Loratadine Syrup (Generic)	Fexofenadine/Pseudoephedrine (Allegra-D 12-hour®)	
			Fexofenadine/Pseudoephedrine (Allegra-D 24-hour®)	
			Fexofenadine Syrup (Allegra Syrup®)	
			Levocetirizine (Xyzal®)	
			Levocetirizine Syrup (Xyzal®)	
			Loratadine Chewable OTC - (Claritin®)	

Attachment 2

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
	Rhinitis Agents, Nasal	Azelastine (Astelin®)	Beclomethasone AQ (Beconase AQ®)	
		Azelastine (Astepro®)	Budesonide Aqua (Rhinocort Aqua®)	
		Fluticasone	Ciclesolide (Omnaris®)	
		Ipratropium Nasal	Flunisolide	
		Mometasone (Nasonex®)	Fluticasone Furoate (Veramyst®)	
		Olopatadine HCL (Patanase®)		
		Triamcinolone (Nasacort AQ®)		
3	ALZHEIMER'S			
	Alzheimer's Agents	Donepezil (Aricept®)	Galantamine	
	Cholinesterase Inhibitors	Donepezil (Aricept ODT®)	Galantamine ER	
		Memantine HCl (Namenda®)	Rivastigmine Oral Solution (Exelon Solution®)	
		Rivastigmine Oral Capsules (Exelon®)		
		Rivastigmine Transdermal (Exelon Transdermal®)		
4	ANTIPSYCHOTIC AGENTS	ORAL		
	Antipsychotic Agents	Amitriptyline/Perphenazine	Aripiprazole (Abilify®)	
		Asenapine (Saphris®)	Clozapine (Fazaclo®)	
		Chlorpromazine	Olanzapine (Zyprexa®)	
		Clozapine (generics)	Olanzapine/Fluoxetine (Symbyax®)	
		Fluphenazine	Paliperidone ER (Invega®)	
		Haloperidol		
		Iloperidone (Fanapt®)		
		Molindone (Moban®)		
		Perphenazine		
		Pimozide (Orap®)		
		Quetiapine (Seroquel®)		
		Quetiapine ER (Seroquel XR®)		
		Risperidone		
		Thioridazine		
		Thiothixene		
		Trifluoperazine		
		Ziprasidone (Geodon®)		

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	Antipsychotic Agents , cont.			
			INJECTIONS	
		Fluphenazine Decanoate	Olanzapine (Zyprexa®)	
		Haloperidol Decanoate	Olanzapine (Zyprexa Relprevv®)	
		Risperidone (Risperdal Consta®)	Paliperidone (Invega Sustenna®)	
		Ziprasidone (Geodon®)		
5	ASTHMA/COPD			
	Bronchodilator, Beta-Adrenergic			
	Agents			
			INHALATION	
		Albuterol Sulfate Nebulizer	Albuterol Sulfate Nebulizer Low-Dose	
		Albuterol Sulfate HFA (ProAir HFA®)	Arformoterol Inhalation Solution (Brovana Inhalation Solution®)	
		Albuterol Sulfate HFA MDI (Ventolin HFA®)	Formoterol DPI (Foradil®)	
		Albuterol Sulfate HFA MDI (Proventil HFA®)	Formoterol Inhalation Solution (Perforomist Inhalation Solution®)	
		Levalbuterol Nebulizer HCL (Xopenex ®)	Levalbuterol HFA (Xopenex HFA®)	
		Pirbuterol (Maxair Autohaler®)	Levalbuterol HCI (Generic)	
			Salmeterol Xinafoate (Serevent Diskus®)	
			ORAL	
		Albuterol Sulfate	Metaproterenol Sulfate	
		Albuterol Sulfate ER		
		Terbutaline Sulfate		
	Bronchodilator, Anticholinergics			
		Albuterol Sulfate/Ipratropium MDI (Combivent®)	Albuterol Sulfate/Ipratropium Nebulizer	
		Ipratropium Nebulizer		
		Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)		
		Tiotropium Inhalation Powder (Spiriva®)		

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
	Corticosteroids, Inhalation	Beclomethasone MDI (QVAR®)	Budesonide DPI (Pulmicort Flexhaler®)	
		Budesonide/Formoterol MDI (Symbicort®)	Budesonide Respules - 9 years old and over	
		Budesonide Respules - 8 years old and under	Budesonide Respules (Pulmicort - Respules®) - 9 years old and over	
		Budesonide Respules (Pulmicort - Respules®) - 8 years old and under	Ciclesonide (Alvesco®)	
		Flunisolide MDI (Aerobid®)		
		Flunisolide MDI (Aerobid M®)		
		Fluticasone MDI (Flovent®)		
		Fluticasone MDI (Flovent HFA Inhaler®)		
		Fluticasone/Salmeterol DPI (Advair Diskus®)		
		Fluticasone/Salmeterol MDI (Advair HFA®)		
		Mometasone DPI (Asmanex®)		
	Leukotriene Modifiers	Montelukast (Singulair®)	Zileuton CR (Zyflo CR®)	
		Zafirlukast (Accolate®)		
6	DEPRESSION			
	Antidepressants, Other	Bupropion HCl IR	Bupropion HBr ER (Aplenzin®)	
		Bupropion HCl SR	Bupropion HCl XL	
		Mirtazapine	Desvenlafaxine (Pristiq®)	
		Trazodone	Duloxetine (Cymbalta®)	
		Venlafaxine ER Tabs	Nefazodone	
		Venlafaxine ER Tabs (generic only)	Selegiline Patch (Emsam®)	
			Venlafaxine	
			Venlafaxine ER Cap	
			Venlafaxine ER Cap (Effexor XR®)	
	Selective Serotonin	Citalopram	Fluvoxamine CR (Luvox CR®)	
	Reuptake Inhibitors (SSRIs)	Escitalopram (Lexapro®)	Fluoxetine ER	
		Fluoxetine	Paroxetine CR	
		Fluvoxamine	Paroxetine Mesylate (Pexeva®)	
		Paroxetine		
		Sertraline		

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
7	**DERMATOLOGY**			
	Antifungals - Topical	Clotrimazole Rx	Butenafine (Mentax®)	
		Clotrimazole/Betamethasone	Ciclopirox (CNL8®)	
		Ketoconazole Cream	Ciclopirox Cream	
		Ketoconazole Shampoo (Rx only)	Ciclopirox Gel	
		Naftifine (Naftin®)	Ciclopirox Shampoo	
		Nystatin	Ciclopirox Solution	
		Nystatin w/ Triamcinolone	Ciclopirox Suspension	
		Oxiconazole (Oxistat®)	Econazole	
			Ketoconazole Foam (Extina Foam®)	
			Ketoconazole (Xolegel®)	
			Miconazole/zinc oxide/white petrolatum (Vusion®)	
			Sertaconazole Nitrate (Ertaczo®)	
			Sulconazole (Exelderm®)	
	Antiparasitic Agents, Topical	Benzyl Alcohol (Ulesfia®)	Lindane	
		Crotamiton (Eurax®)	Malathion (generic only)	
		Malathion (Ovide® - Brand only)		
		Permethrin		
	Antiviral Agents, Topical	Penciclovir Cream (Denavir®)	Acyclovir Cream (Zovirax®)	
			Acyclovir Ointment (Zovirax®)	
	Atopic Dermatitis Immunomodulators	Pimecrolimus (Elidel®)	NONE	
		Tacrolimus (Protopic®)		
	Impetigo Agents, Topical	Mupirocin Ointment	Mupirocin Cream (Bactroban®)	
			Retapamulin (Altabax®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
	STEROIDS, TOPICAL			
	Low Potency	Alclometasone Dipropionate	Desonide (Verdeso®)	
		Desonide	Fluocinolone Acetonide (Derma-Smoothe-FS®)	
		Fluocinolone Acetonide Shampoo (Capex®)	Hydrocortisone (Pediaderm HC®)	
		Hydrocortisone		
	Medium Potency	Fluocinolone Acetonide	Betametasone Valerate (Luxiq®)	
		Fluticasone Propionate – Generic	Clocortolone Pivalate (Cloderm®)	
		Hydrocortisone Butyrate	Flurandrenolide Tape (Cordran Tape®)	
		Hydrocortisone Butyrate (Locoid Lipocream®)	Fluticasone Propionate Lotion (Cutivate Lotion®)	
		Hydrocortisone Probutate (Pandel®)	Mometasone Furoate Cream (Momexin®)	
		Hydrocortisone Valerate		
		Mometasone Furoate - Generic		
		Prednicarbate		
	High Potency	Betamethasone Valerate	Amcinonide	
		Fluocinonide	Betamethasone Dipropionate	
		Fluocinonide-E	Desoximetasone	
		Fluocinonide Emollient	Diflorasone Diacetate	
		Triamcinolone Acetonide	Fluocinonide (Vanos®)	
			Halcinonide (Halog®)	
			Triamcinolone Acetonide Aerosol (Kenlag Aerosol®)	
	Very High Potency	Clobetasol Emollient	Clobetasol Propionate (Clobex®)	
		Clobetasol Propionate	Clobetasol Propionate (Olux-Olux-E Pack®)	
		Halobetasol Propionate - generic	Clobetasol Propionate (Olux-E®)	
			Halobetasol Propionate (Halonate; Halonate PAC)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
8	**DIABETES**			
	Hypoglycemics, Meglitinides	Repaglinide (Prandin®)	Nateglinide	
			Nateglinide (Starlix®)	
			Repaglinide/Metformin (Prandimet®)	
	Hypoglycemics, Thiazolidinediones (TZDs)	Pioglitazone (Actos®)	None	
		Pioglitazone/Glimeperide (Duetact®)		
		Pioglitazone/Metformin (Actoplus Met®)		
		Rosiglitazone (Avandia®)		
		Rosiglitazone/Glimepiride (Avandaryl®)		
		Rosiglitazone/Metformin (Avandamet®)		
	Hypoglycemics	Human Insulin & Pens (Humulin®)	Human Insulin & Pens (Novolin®)	
	Insulins & Related Agents	Insulin Glargine & Pens (Lantus®)	Insulin Aspart & Pens (Novolog®)	
		Insulin Lispro & Pens (Humalog®)	Insulin Aspart/Insulin Aspart Protamine & Pens (Novolog Mix 70/30®)	
		Insulin Lispro/Protamine Lispro & Pens (Humalog Mix®)	Insulin Detemir & Pens (Levemir®)	
			Insulin Glulisine & Pens (Apidra®)	
	Hypoglycemics	Exenatide (Byetta Pens®)	Liraglutide (Victoza®)	
	Incretin Mimetics/Enhancers	Pramlintide (Symlin®)		
		Pramlintide Pens (Symlin Pens®)		
		Saxagliptin (Onglyza®)		
		Sitagliptin (Januvia®)		
		Sitagliptin/Metformin (Janumet®)		
9	**DIGESTIVE DISORDERS**			
	Antiemetic Agents	Dronabinol (Marinol® - Brand only)	Aprepitant (Emend®)	
		Ondansetron / Ondansetron ODT	Dolasetron (Anzemet®)	
			Dronabinol (generic only)	
			Granisetron	
			Granisetron Transdermal (Sancuso®)	
			Nabilone (Cesamet®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
	Bile Acid Salt	Ursodiol (Generics)	Chenodiol (Chenodal®)	
		Ursodiol USP (Actigall®)	Ursodiol (URSO 250®)	
			Ursodiol (URSO Forte®)	
	Pancreatic Enzymes	Creon	NONE	
		Pancreaze		
		Pancrelipase		
		Zenpep		
	Proton Pump Inhibitors	Esomeprazole (Nexium®)	Dexlansoprazole (Dexilant®)	
		Omeprazole (Legend only)	Esomeprazole Suspension (Nexium®)	
			Lansoprazole (Generic)	
			Lansoprazole Capsule (Prevacid®)	
			Lansoprazole Solutabs (Prevacid®)	
			Omeprazole	
			Omeprazole Magnesium Suspension (Prilosec Suspension®)	
			Pantoprazole	
			Pantoprazole Suspension (Protonix®)	
			Rabeprazole (Aciphex®)	
	Ulcerative Colitis Agents	Balsalazide	Mesalamine ER Oral (Apriso®)	
		Mesalamine Enemas	Mesalamine MMX (Lialda®)	
		Mesalamine (Asacol®)	Mesalamine Oral (Pentasa®)	
		Mesalamine Suppositories (Canasa®)	Olsalazine Oral (Dipentum®)	
		Sulfasalazine	Sulfite-free Mesalamine Suspension Enema (SF Rowasa®)	

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10	GROWTH DEFICIENCY			
	Growth Hormones	Somatropin (Genotropin®)	Somatropin (Humatrope®)	
		Somatropin (Norditropin®)	Somatropin (Omnitrope®)	
		Somatropin (Nutropin®)	Somatropin (Saizen®)	
		Somatropin (Nutropin AQ®)	Somatropin (Serostim®)	
			Somatropin (Tev-Tropin®)	
			Somatropin (Zorbtive®)	
11	GOUT AGENTS			
	Antihyperuricemics	Allopurinol	Colchicine (Colcrys®)	
		Colchicine	Febuxostat (Uloric®)	
		Probenecid		
		Probenecid/Colchicine		
12	HEART DISEASE, HYPERLIPIDEMIA			
	Lipotropics, Other	Cholestyramine	Colesevelam (Welchol®)	
		Colestipol	Ezetimibe (Zetia®)	
		Fenofibrate (Antara®)	Fenofibrate (Fenoglide®)	
		Fenofibrate (Tricor®)	Fenofibrate (Generics)	
		Fenofibric Acid (Trilipix®)	Fenofibrate (Lipofen®)	
		Gemfibrozil	Fenofibrate (Triglide®)	
		Niacin ER (Niaspan®)	Fenofibric Acid (Generic)	
		Niacin IR (Niacor®)	Fenofibric Acid (Fibricor®)	
			Omega-3-acid ethyl esters (Lovaza®)	
	Statins & Statin Combination Agents	Atorvastatin (Lipitor®)	Amlodipine/Atorvastatin (Caduet®)	
		Fluvastatin (Lescol®)	Ezetimibe/Simvastatin (Vytorin®)	
		Fluvastatin XL (Lescol XL®)	Lovastatin ER (Altoprev®)	
		Lovastatin	Niacin ER/Lovastatin (Advicor®)	
		Niacin ER/Simvastatin (Simcor®)		
		Pravastatin		
		Rosuvastatin (Crestor®)		
		Simvastatin		
	HYPERTENSION			

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	ACE Inhibitors & Direct Renin Inhibitors	Benazepril	Aliskiren (Tekturna®)	
		Benazepril/HCTZ	Aliskiren/HCTZ (Tekturna HCT®)	
		Captopril	Candesartan (Atacand®)	
		Captopril/HCTZ	Candesartan/HCTZ (Atacand HCT®)	
		Enalapril	Eprosartan (Teveten®)	
		Enalapril/HCTZ	Eprosartan/HCTZ (Teveten HCT®)	
		Fosinopril	Irbesartan (Avapro®)	
		Fosinopril/HCTZ	Irbesartan/HCTZ (Avalide®)	
		Lisinopril	Moexipril	
		Lisinopril/HCTZ	Moexipril/HCTZ	
		Losartan (Cozaar®)	Olmesartan (Benicar®)	
		Losartan/HCTZ (Hyzaar®)	Olmesartan/HCTZ (Benicar HCT®)	
		Quinapril	Perindopril (Aceon®)	
		Quinapril/HCTZ	Perindopril (Generic)	
		Ramipril (Altace®)		
		Telmisartan (Micardis®)		
		Telmisartan/HCTZ (Micardis HCT®)		
		Trandolapril		
		Valsartan (Diovan®)		
		Valsartan/HCTZ (Diovan HCT®)		
	Angiotensin Modulators/Calcium Channel Blockers Combination Products	Amlodipine/Benazepril - Generic only	Amlodipine/Telmisartan (Twnysta®)	
		Amlodipine/Benazepril (Lotrel®)		
		Amlodipine/Olmesartan (Azor®)		
		Amlodipine/Valsartan (Exforge®)		
		Amlodipine/Valsartan/HCTZ (Exforge HCT®)		
		Valsartan/Aliskiren (Valturna®)		
		Verapamil SR/Trandolapril (Tarka®)		
	Beta Adrenergic Receptor	Acebutolol	Betaxolol	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
	Blocking Agents	Atenolol	Carvedilol CR (Coreg CR®)	
		Atenolol/Chlorthalidone		
		Bisoprolol Fumarate		
		Bisoprolol/HCTZ		
		Carvedilol		
		Labetalol		
		Metoprolol		
		Metoprolol/HCTZ		
		Metoprolol Succinate ER		
		Metoprolol Succinate ER (Toprol XL)		
		Nadolol		
		Nadolol/Bendroflumethiazide		
		Nebivolol (Bystolic®)		
		Penbutolol (Levatol®)		
		Pindolol		
		Propranolol		
		Propranolol ER (Innopran XL®)		
		Propranolol LA		
		Propanolol/HCTZ		
		Sotalol		
		Sotalol AF		
		Timolol Maleate		
	Calcium Channel Blockers	Amlodipine	Diltiazem ER (Cardizem LA®)	
		Diltiazem IR	Isradipine SR (Dynacirc CR®)	
		Diltiazem ER (Generics)	Nicardipine SR (Cardene SR®)	
		Diltiazem SR	Nisoldipine – Generics	
		Felodipine ER	Nisoldipine (Sular®)	
		Isradipine IR	Verapamil ER (Covera HS®)	
		Nicardipine	Verapamil ER PM	
		Nifedipine ER		
		Nifedipine IR		
		Nimodipine		
	Calcium Channel Blockers cont.	Verapamil		

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
		Verapamil ER (Generics)		
		Verapamil IR		
		Verapamil SR		
	PLATELET AGGREGATION INHIBITORS			
	Platelet Aggregation Inhibitors	Aspirin/Dipyridamole ER (Aggrenox®)	Prasugrel (Effient®)	
		Clopidogrel (Plavix®)	Ticlopidine	
		Dipyridamole		
	ANTICOAGULANTS, INJECTABLES			
	Anticoagulants,	Dalteparin (Fragmin®)	NONE	
	Injectable	Enoxaparin (Lovenox®)		
		Fondaparinux (Arixtra®)		
	PULMONARY ARTERIAL HYPERTENSION (PAH)	Ambrisentan (Letairis®)	Tadalafi (Adcirca®)	
		Bosentan (Tracleer®)	Tieprostinil (Tyvaso®)	
		Iloprost (Ventavis®)		
		Sildenafil (Revatio®)		
13	HEMATOLOGIC AGENTS			
	HEMATOPOIETIC AGENTS			
	Erythropoietins	Darbepoetin (Aranesp®)	Epoetin alfa (Epogen®)	
		Epoetin alfa (Procrit®)		
	Anticoagulants - refer to			
	HEART DISEASE			
14	HEMODIALYSIS			
	Phosphate Binders	Calcium Acetate (PhosLo®)	Calcium Acetate (Generics)	
		Lanthanum (Fosrenol®)	Calcium Acetate (Eliphos®)	
		Sevelamer HCL (RenaGel®)	Sevelamer Carbonate (Renvela®)	
15	HORMONE THERAPY			

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
	Androgenic Agents	Testosterone Transdermal Patch (Androderm®)	Testosterone Gel 1% (Testim®)	
		Testosterone Gel 1% (Androgel®)		
16	HYPERLIPIDEMIA - REFER TO HEART DISEASE			
17	IMMUNE DISORDERS - REFER TO MULTIPLE SCLEROSIS			
18	INFECTIOUS DISORDERS			
	ANTIBIOTICS	Amoxicillin/Clavulanate Suspension	Amoxicillin/Clavulanate ER	
	Cephalosporin and Related	Amoxicillin/Clavulanate Tablets	Amoxicillin/Clavulanate ER (Augmentin XR®)	
	Antibiotics	Amoxicillin/Clavulanate Susp (Augmentin Susp®)	Cefaclor	
		Cefadroxil	Cefaclor ER	
		Cefixime (Suprax®)	Cefdinir	
		Cefprozil	Cefditoren Pivoxil	
		Cefuroxime Tablets	Cefpodoxime	
		Cephalexin	Ceftibuten (Cedax®)	
			Cefuroxime Axetil Susp (Ceftin®)	
		ORAL		
	Fluoroquinolones	Ciprofloxacin Tablets	Ciprofloxacin Suspension (Cipro Suspension®)	
		Moxifloxacin (Avelox®)	Ciprofloxacin ER	
			Ciprofloxacin ER (Proquin XR®)	
			Gemifloxacin (Factive®)	
			Levofloxacin (Levaquin®)	
			Norfloxacin (Noroxin®)	
			Ofloxacin	
	Antibiotics, Gastrointestinal	Metronidazole	Metronidazole ER (Flagyl ER®)	
		Neomycin	Rifaximin (Xifaxan®)	
		Nitazoxanide (Alinia®)		

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
		Tinidazole (Tindamax®)		
		Vancomycin (Vancocin®)		
	Antibiotics, Inhaled	Tobramycin (Tobi®)	Azteonam (Cayston®)	
	Macrolides - Ketolides	Azithromycin	Azithromycin ER (Zmax®)	
		Erythromycin	Clarithromycin	
			Clarithromycin ER	
			Telithromycin (Ketek®)	
	Tetracyclines	Doxycycline Hyclate (generic)	Demeclocycline	
		Doxycycline Hyclate DR (generic)	Doxycycline Calcium Suspension (Vibramycin®)	
		Doxycycline Monohyrate	Doxycycline Hyclate (Doryx®)	
		Minocycline Cap	Doxycycline DR (Oracea®)	
		Minocycline Tab	Minocycline ER - generic	
		Tetracycline	Minocycline ER (Solodyn®)	
	Vaginal	Clindamycin Vaginal Cream	Clindamycin Vaginal Cream (Clindesse®)	
		Clindamycin Vaginal Ovules (Cleocin®)		
		Metronidazole Vaginal Gel Cream		
		Metronidazole Vaginal Gel (Vandazole®)		
	OPHTHALMIC ANTIBIOTICS - refer to Ophthalmic Disorders			
	OTIC ANTIBIOTICS - refer to OTIC Agents			
	ANTIFUNGALS			
	Antifungals, Oral	Fluconazole	Clotrimazole Troches	
	Antifungals, Oral cont.	Griseofulvin Suspension	Flucytosine (Ancobon®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
		Griseofulvin (Gris-Peg®)	Griseofulvin Tablets (Grifulvin V®)	
		Ketoconazole	Itraconazole	
		Nystatin	Miconazole (Oravig®)	
		Terbinafine (no granules)	Posaconazole (Noxafil®)	
			Terbinafine (Terbinex®)	
			Terbinafine Granules (Lamisil Granules®)	
			Voriconazole (VFEND®)	
	HEPATITIS AGENTS			
	Hepatitis C Agents	Ribavirin	Consensus Interferon (Infergen®)	
		Peginterferon alfa 2A (Pegasys®)	Peginterferon alfa 2B (Peg-Intron®)	
			Peginterferon alfa 2B (Peg-Intron Redipen®)	
19	**MULTIPLE SCLEROSIS**	Glatiramer (Copaxone®)	Dalfampridine (Ampyra®)	
	Multiple Sclerosis Agents	Interferon beta - 1a (Avonex®)	Interferon beta-1b (Extavia®)	
	(Immunomodulatory Agents)	Interferon beta - 1b (Betaseron®)		
		Interferon beta - 1a (Rebif®)		
20	**OPHTHALMIC DISORDERS**			
	Allergic Conjunctivitis	Cromolyn Sodium	Azelastine Hydrochloride	
		Loteprednol (Alrex®)	Bepotastine Besilate (Bepreve®)	
		Olopatadine HCl (Pataday®)	Emedastine Difumarate (Emadine®)	
		Olopatadine HCl (Patanol®)	Epinastine HCl (Elestat®)	
			Ketorolac Tromethamine	
			Lodoxamine Tromethamine (Alomide®)	
			Nedocromil Sodium (Alocril®)	
			Pemirolast Potassium (Alamast®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
	Glaucoma Agents			
	Intraocular Pressure (IOP)	Betaxolol	Bimatroprost (Lumigan®)	
	Reducers	Betaxolol (Betoptic S®)	Brimonidine P (generic only)	
		Brimonidine	Dorzolamide (generic only)	
		Brimonidine Tartrate (Alphagan P®)	Dorzolamide/Timolol (generic only)	
		Brimonidine/Timolol (Combigan®)		
		Brinzolamide (Azopt®)		
		Carteolol		
		Dipivefrin (Propine®)		
		Dorzolamide (Trusopt® - Brand only)		
		Dorzolamide/Timolol (Cosopt® - Brand only)		
		Latanoprost (Xalatan®)		
		Levobunolol		
		Metipranolol		
		Pilocarpine		
		Timolol Maleate		
		Timolol (Betimol®)		
		Timolol LA (Istalol®)		
		Travoprost (Travatan, Travantan Z®)		
	Ophthalmics, Antibiotic	Bacitracin/Polymyxin	Azithromycin 1% (AzaSite®)	
		Erythromycin	Bacitracin	
		Gentamicin	Besifloxacin (Besivance®)	
		Moxifloxacin (Vigamox®)	Ciprofloxacin Ointment (Ciloxan®)	
		Neomycin-Polymyxin-Gramicidin	Ciprofloxacin Solution	
		Polymyxin/Trimethoprim	Gatifloxacin (Zymar®)	
		Sulfacetamide	Levofloxacin (Iquix®)	
		Tobramycin (Generic)	Levofloxacin (Quixin®)	
		Tobramycin (Tobrex®)	Natamycin (Natacyn®)	
		Triple Antibiotic	Ofloxacin Solution	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
	Ophthalmics, Anti-Inflammatories	Dexamethasone (Maxidex®)	Bromfenac (Xibrom®)	
		Dexamethasone Sodium Phosphate	Difluprednate (Durezol®)	
		Diclofenac	Ketorolac LS	
		Fluorometholone	Ketorolac (Acuvail®)	
		Fluorometholone (Flarex®)	Nepafenac (Nevanac®)	
		Fluorometholone (FML Forte®)	Rimexolone (Vexol®)	
		Fluorometholone (FML S.O.P.®)		
		Flurbiprofen		
		Loteprednol (Lotemax®)		
		Prednisolone Acetate (Prep Mild®)		
21	OTIC AGENTS			
	Otic Antibiotics	Ciprofloxacin/Dexamethasone (Ciprodex OTIC®)	Ciprofloxacin (Cetraxal OTIC®)	
		Neomycin/Colistin/Thonzonium/HC (Coly-Mycin S®)	Ciprofloxacin/Hydrocortisone (Cipro HC OTIC®)	
		Neomycin/Colistin/Thonzonium/HC (Cortisporin TC®)		
		Neomycin/Polymixin/HC		
		Ofloxacin		
22	OSTEOPOROSIS			
	Bone Resorption Suppression	Alendronate	Alendronate Solution (Fosamax Solution®)	
	Agents	Calcitonin - Salmon Nasal (generic)	Alendronate/Vit D (Fosamax Plus D®)	
		Calcitonin-Salmon Nasal (Miacalcin®)	Calcitonin-Salmon Nasal (Fortical®)	
			Etidronate Disodium (generics)	
			Etidronate (Didronel®)	
			Ibandronate Sodium (Boniva®)	
			Raloxifene (Evista®)	
			Risedronate (Actonel®)	
			Risedronatel Calcium (Actonel with Calcium®)	
			Teriparatide Subcutaneous (Forteo®)	
23	PAIN MANAGEMENT			
	Analgesics/Anesthetic, Topical	Diclofenac Sodium Gel (Voltaren®)	Diclofenac Epolamine Patch (Flector®)	
		Lidocaine Patch (Lidoderm®)	Diclofenac Sodium (Pennsaid®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
	Analgesics, Narcotics Short Acting	Acetaminophen w/Codeine	Acetaminophen/Caffeine/Dihydrocodeine Bitartrate (Panlor DC®)	
		Butalbital Compound with Codeine	Fentanyl Citrate Buccal (Generics)	
		Codeine Phosphate	Fentanyl Citrate Buccal (Fentora®)	
		Codeine Sulfate	Fentanyl Citrate Buccal (Onsolis®)	
		Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generics)	Hydrocodone/Acetaminophen (Zamicet®)	
		Hydrocodone/Acetaminophen	Hydrocodone/Ibuprofen (Ibudone®)	
		Hydrocodone/Ibuprofen	Hydromorphone Liquid (Dilaudid®)	
		Hydrocodone/Ibuprofen (Reprexain®)	Opium Tincture	
		Hydromorphone	Oxymorphone (Numorphan®)	
		Meperidine HCL	Oxymorphone IR (Opana®)	
		Morphine Sulfate IR	Propoxyphene Napsylate (Darvon-N®)	
		Oxycodone IR	Tramadol ODT (Rybix ODT®)	
		Oxycodone/Acetaminophen	Tapentadol (Nucynta®)	
		Oxycodone w/Aspirin		
		Oxycodone/Ibuprofen		
		Pentazocine/Naloxone		
		Pentazocine/Acetaminophen		
		Propoxyphene		
		Propoxyphene HCL w/APAP		
		Propoxyphene Napsylate w/APAP		
		Tramadol		
		Tramadol/Acetaminophen		
23	Analgesics, Narcotics Long Acting	Fentanyl Transdermal (Generic only)	Fentanyl Transdermal (Duragesic – Brand Only)	
		Methadone HCL	Fentanyl Transdermal (Duragesic Matrix)	
		Morphine Sulfate ER (Kadian®)	Hydromorphone Hydrochloride ER (Exalgo®)	
		Morphine Sulfate ER (Generic)	Morphine Sulfate ER (Avinza®)	
		Tramadol ER (Generic only)	Morphine Sulfate ER/Naltrexone (Embeda®)	
			Oxycodone ER	
			Oxycodone ER (Oxycontin®)	
			Oxymorphone ER (Opana ER®)	
			Tramadol ER (Ultram ER®)	
			Tramadol ER (Ryzolt®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
	Nonsteroidal Anti - Inflammatories	Diclofenac		
	(NSAIDs)	Esomeprazole/Naproxen (Vimovo®)	Celecoxib (Celebrex®)	
		Etodolac	Diclofenac/Misoprostol (Arthrotec®)	
		Flurbiprofen	Diclofenac Potassium (Zipsor®)	
		Ibuprofen Rx	Fenoprofen	
		Indomethacin Oral and Rectal	Indomethacin Susp (Indocin Suspension®)	
		Ketoprofen	Meclofenamate Sodium	
		Ketorolac	Mefenamic Acid	
		Meloxicam	Nabumetone	
		Naproxen Rx	Tolmetin Sodium	
		Oxaprozin		
		Piroxicam		
		Sulindac		
	Immunomodulators and Related Agents for Arthritis	Adalimumab Injection (Humira®)	Abatacept (Orencia®)	
		Certolizumab Pegol (Cimzia®)	Alefacept (Amevive®)	
		Etanercept (Enbrel®)	Anakinra (Kineret®)	
			Golimumab (Simponi®)	
			Infliximab (Remicade®)	
			Tocilizumab (Actemra®)	
	Antimigraine Agents,	Rizatriptan (Maxalt®, Maxalt MLT®)	Almotriptan (Axert®)	
	Triptans	Sumatriptan (Imitrex® Injection-Brand only)	Eletriptan (Relpax®)	
		Sumatriptan (Imitrex ® Nasal –Brand only)	Frovatriptan (Frova®)	
		Sumatriptan (Imitrex® Oral – Brand only)	Naratriptan (Amerge®)	
		Sumatriptan/Naproxen (Treximet®)	Sumatriptan Injection – Generic only	
			Sumatriptan Nasal – Generic only	
			Sumatriptan Oral – Generic only	
			Zolmitriptan (Zomig, Zomig ZMT®)	
			Zolmitriptan (Zomig® Nasal)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
	Skeletal Muscle Relaxants	Baclofen	Carisoprodol (Soma 250 mg®)	
		Carisoprodol - Generics	Cyclobenzaprine (Fexmid®)	
		Carisoprodol Compound	Cyclobenzaprine ER (Amrix®)	
		Chlorzoxazone	Dantrolene Sodium	
		Cyclobenzaprine - Generics	Metaxalone (Skelaxin®)	
		Methocarbamol	Orphenadrine	
		Tizanidine – Generics only	Orphenadrine Compound	
			Tizanidine (Zanaflex® - Brand Only)	
24	**PARKINSON'S**			
	Antiparkinson Agents -	Benztropine	Bromocriptine	
	Anticholinergic and Other	Levodopa/Carbidopa	Entacapone (Comtan®)	
		Levodopa/Carbidopa/Entacapone (Stalevo®)	Levodopa/Carbidopa ODT	
		Pramipexole (Generic only)	Pramipexole (Mirapex®)	
		Ropinirole	Pramipexole ER (Mirapex ER®)	
		Selegiline	Rasagiline (Azilect®)	
		Trihexyphenidyl	Ropinirole ER (Requip XL®)	
			Selegiline (Zelapar®)	
			Tolcapone (Tasmar®)	
25	**SEDATIVE/HYPNOTICS**			
	Sedative/Hypnotics	Chloral Hydrate	Estazolam	
		Temazepam	Eszopiclone (Lunesta®)	
		Triazolam	Flurazepam	
		Zaleplon	Quazepam (Doral®)	
		Zolpidem	Ramelteon (Rozerem®)	
			Zolpidem Sublingual (Edluar®)	
			Zolpidem CR (Ambien CR®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2010
26	**UROLOGY**			
	INCONTINENCE			
	Bladder Relaxant Preparations	Darifenacin (Enablex®)	Oxybutynin Gel (Gelnique Transdermal®)	
		Fesoterodine Fumarate (Toviaz®)	Oxybutynin ER	
		Oxybutynin	Oxybutynin Transdermal (Oxytrol®)	
		Solifenacin (VESIcare®)	Tolterodine (Detrol®)	
			Tolterodine ER (Detrol LA®)	
			Trospium (Sanctura®)	
			Trospium (Sanctura XR®)	
	PROSTATE			
	Benign Prostatic Hyperplasia Treatment (BPH)	Alfuzosin (Uroxatral®)	Doxazosin XL (Cardura XL®)	
		Doxazosin	Dutasteride (Avodart®)	
		Finasteride	Silodosin (Rapaflo®)	
		Tamsulosin (Flomax®)		
		Terazosin		